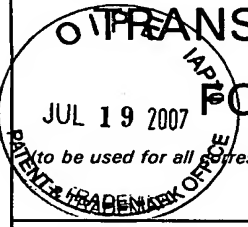


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

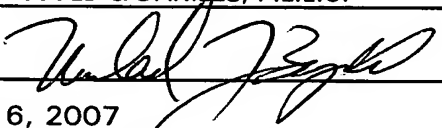
	Application Number	10/527,476
	Filing Date	with an effective filing date of September 16, 2003
	First Named Inventor	Erwin WERNER
	Group Art Unit	3683
	Examiner Name	Robert Siconolfi Fax: (571) 273-8300
Total No. of Pages in this Submission: 5	Attorney Docket Number	ZAHFRI P719US

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee attached + Check \$790<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>Postcard<br>Request for Continued Examination |
|--|---|---|


REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 16, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 16, 2007.

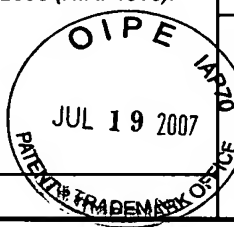
Type or printed name	Michael J. Bujold
Signature	
Date: July 16, 2007 (nay)	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27



Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/527,476  
with an effective filing date of  
September 16, 2003  
Erwin WERNER  
Robert Siconolfi  
3683

Attorney Docket No.

ZAHFRI P719US

TOTAL AMOUNT OF PAYMENT: \$790

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (4)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)  
Multiple Dependent Claims Fee (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)  
HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

### 4. OTHER FEE(S)

Request for Continued Examination,

Fees Paid (\$)  
790

Other (e.g., late filing surcharge): \_\_\_\_\_

### SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018
		Date: July 16, 2007